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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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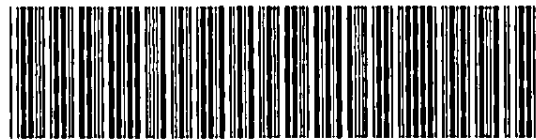
(Business Entity Name)

(Document Number)

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Parametrics Medical, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Beth Elliston

Name of Person

Parametrics Medical, LLC

Firm/Company

5777 Swallow Ave.

Address

Kalamazoo, MI 49009

City/State and Zip Code

beth@parametricmedical.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Beth Elliston

269

353 0954

at ()

Name of Contact Person

Area Code

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☒ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Parametrics Medical, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC.")

2. Delaware

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 26-2515691

(FEI number, if applicable)

4. _____

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 2006 S Bagdad Rd., STE 100

(Street Address of Principal Office)

6. 5777 Swallow Ave.

(Mailing Address)

Leander, TX 78641

Kalamazoo, MI 49009

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Jean Schikora

Office Address: 1941 Cordero Ct.

The Villages

(City)

Florida


32159

(Zip code)

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Registered agent's acceptance:

I, having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity: **Name and Address:**

☒ Manager Name: Daniel Leary
☐ Member Address: 151 Longhorn Oaks
☐ Authorized Liberty Hill, TX 78642
Person _____
☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**

☐ Manager Name: Kristie Leary
☒ Member Address: 151 Longhorn Oaks
☐ Authorized Liberty Hill, TX 78642
Person _____
☐ Other _____ ☐ Other _____

☐ Manager Name: Beth Elliston
☐ Member Address: 5777 Swallow Ave.
☒ Authorized Kalamazoo, MI 49009
Person _____
☐ Other _____ ☐ Other _____

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person _____
☐ Other _____ ☐ Other _____

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person _____
☐ Other _____ ☐ Other _____

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person _____
☐ Other _____ ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Beth Elliston
Signature of an authorized person

Beth Elliston
Typed or printed name of signee

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PARAMETRICS MEDICAL, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIFTH DAY OF MARCH, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PARAMETRICS MEDICAL, LLC" WAS FORMED ON THE SIXTEENTH DAY OF APRIL, A.D. 2008.



4534906 8300

SR# 20192082615

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 202507911

Date: 03-25-19